

Hopes and Dreams...

DATE: _____

1. What is your most critical need that brings you in for emergency services?

2. Is this your first visit to Brighton Center? Yes No (If Yes move to question 3)
 - A. If No, did you accomplish your last goal? Yes No (If Yes move to question 3)
 - B. If No, what were the barriers, stop signs, or obstacles keeping you from achieving it?

3. What are your **hopes and dreams** for you and your family?

4. What is a **goal** to help you achieve your hopes and dreams?

5. What's **holding you back** from achieving your goal? (ex. Transportation, childcare, felony, fear, etc.)

6. Who in your life is a **cheerleader** that can help you achieve your goal? (ex. family member, church, AA)



PLEASE WAIT TO FILL OUT WITH A RESOURCE ADVOCATE



❖ What two steps can you take in the next *30 days* to help you reach your bigger goal?

1.

2.

Customer: _____
(print)

_____ (signature)

Date: _____

Resource Advocate: _____
(initial)

Date: _____

